

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME _____
 FIRM _____
 ADDRESS _____
 PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

Plt 3/11/96

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY *Den* _____

WALK-IN 3/11 12:00
 Will Pick Up

RE: *Colonial Pike* **FILED**

Catastrophe Claims 96 MAR 11 AM 10:04

Corporate SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

☐ Capital Express™
☒ Art. of Inc. File _____
☐ Corp. Record Search _____
☐ Ltd. Partnership File _____
☐ Foreign Corp. File _____
☒ (-) Cert. Copy(s) _____

☐ Art. of Amend. File _____
☐ Dissolution/Withdrawal _____
☐ C U S. _____
☐ Fictitious Name File _____

☐ Name Reservation _____
☐ Annual Report/Reinstatement _____
☐ Reg. Agent Service _____
☐ Document Filing _____

☐ Corporate Kit _____
☐ Vehicle Search _____
☐ Driving Record _____
☐ Document Retrieval _____

☐ UCC 1 or 3 File _____
☐ UCC 11 Search _____
☐ UCC 11 Retrieval _____
☐ File No.'s _____ Copies _____

☐ Courier Service _____
☐ Shipping/Handling _____
☐ Phone () _____
☐ Top Priority _____

☐ Express Mail Prep. _____
☐ FAX () _____ pgs. _____

SUBTOTALS _____

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE

THANK YOU

ARTICLES OF INCORPORATION

OF

COLONIAL PIKE CATASTROPHE CLAIMS CORPORATION

FILED

96 MAR 11 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be COLONIAL PIKE CATASTROPHE CLAIMS CORPORATION.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be 147 Edgewater Dr., Dunedin, FL 34698.

ARTICLE III - CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of one dollar (\$1.00) per share.

ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is Buddy D. Ford, Esquire, 115 N. MacDill Avenue, Tampa, Florida 33609.

ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is Douglas Branham, whose address is 147 Edgewater Dr., Dunedin, Florida 34698.

ARTICLE VI - OFFICERS

The name and address of the officer(s) and stockholder(s)
of the corporation is/are:

DOUGLAS BRANHAM,
Director/President
147 Edgewater Dr.
Dunedin, FL 34698
50% Shareholder

FELICIA BRANHAM
Director/Vice President/Treasurer
147 Edgewater Dr.
Dunedin, FL 34698
50% Shareholder

The undersigned has executed these Articles of
Incorporation on this 29 day of February, 1996.



DOUGLAS BRANHAM

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

FILED

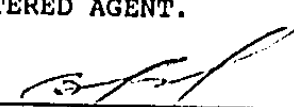
Pursuant to the provision of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement designating the registered office/registered agent, in the state of Florida.

96 MAR 11 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is COLONIAL PIKE CATASTROPHE CLAIMS CORPORATION.

2. The name and address of the registered agent and office is Buddy D. Ford, Esquire, 115 N. MacDill Avenue, Tampa, Florida 33609.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


BUDDY D. FORD, ESQUIRE
115 N. MacDill Avenue
Tampa, Florida 33609
(813) 877-4669